

Adult Social Care and Health Select Committee

A meeting of Adult Social Care and Health Select Committee was held on Tuesday, 10th March, 2020.

Present: Cllr Evaline Cunningham(Chairman), Cllr Clare Gamble(Vice-Chair), Cllr Kevin Faulks, Cllr Luke Frost, Cllr Lynn Hall, Cllr Mohammed Javed, Cllr Paul Weston,

Officers: Gary Woods (MD)

Also in attendance: Keith Wheldon, Fiona McEvoy (North Tees and Hartlepool NHS Foundation Trust)

Apologies: Cllr Jacky Bright, Cllr Bill Woodhead MBE

ASH 70/19 Evacuation Procedure

The Chair welcomed everyone to the meeting and the evacuation procedure was noted.

ASH 71/19 Declarations of Interest

There were no declarations of interest.

ASH 72/19 Minutes of the meeting held on 11 February 2020

The minutes of the meeting held on 11 February 2020 were confirmed as a correct record.

ASH 73/19 North Tees and Hartlepool NHS Foundation Trust - Quality Account 2019-2020

NHS Trusts are under a duty to produce yearly 'Quality Accounts' and these are intended to set out:

- what an organisation is doing well;
- where improvements in service quality are required;
- what the priorities for improvement are for the coming year;
- how the organisation has involved service users, staff and others with an interest in that organisation in determining those priorities for improvement.

Representatives of North Tees and Hartlepool NHS Foundation Trust attended this meeting to provide the Committee with an overview of the Trust's performance during 2019-2020. Presented by the Safety and Quality Performance Manager / Business Intelligence Lead and the Head of Nursing – Care Group 3 (Collaborative Care), the Trust's 2019-2020 priorities were outlined, along with its performance against some of these measures:

Patient Safety

- **Mortality:** The rate of both in-hospital mortalities (Hospital Standardised Mortality Ratio (HSMR)) and in-hospital deaths plus those up to 30 days post-acute Trust discharge (Summary level Hospital Mortality Indicator (SHMI)) have been reduced. The Trust's HSMR is the lowest in the region and reflects a significant improvement since 2014, much of which is down to improved

documentation (third best in the country in terms of depth of coding (capturing co-morbidities)).

- Dementia care: A growing trend faced by the Trust as each year passes, and a result of better diagnosis as well as a rise in cases that is likely due to an ageing population. The Trust work well with Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) as part of a multi-disciplinary team (MDT) approach, and have a full Vulnerability Team and also linked Nurses on each ward area (who have greater knowledge and awareness of dementia). Currently thinking about new ways of working to keep people active whilst in hospital.
- Infections: Data comparing 2019-2020 (April 2019 to January 2020) to 2018-2019 (April 2018 to January 2019) showed a mixed performance, with small year-on-year increases in MSSA and E.coli cases, but larger decreases in Klebsiella and Pseudomonas rates. There had again been no cases of MRSA. Members were informed that the reporting criteria for C Difficile had changed for 2019-2020, and now included a new measure (Community onset Healthcare Acquired) in addition to the existing Hospital onset Healthcare Acquired category – these two measures had a combined target (set by NHS England), and the Trust were on trajectory not to exceed this. Any C Difficile case is subject to a root cause analysis.

Effectiveness of Care

- Safety and quality dashboard: In 2018-2019, the Trust procured Yellowfin, a dedicated business intelligence software used to create dashboards on a host of categories including safety and quality, A&E, corporate, and audit (the latter includes real-time feedback so the Trust can act quickly on this data). All wards have access to data within their own ward.

Patient Experience

- Is our care good (patient experience surveys): Complaints data comparing 2019-2020 (April 2019 to January 2020) to 2018-2019 (April 2018 to January 2019) was provided, a breakdown (top 10) of which would be outlined within the Trust's Quality Account document. There had been a large rise in stage 1 (informal) complaints, but reductions in both stage 2 and 3 (formal) complaints.
- Friends and family recommendation: A text-based survey for the Friends and Family Test (FFT) was introduced from January 2020 to complement the existing paper-based system, and early indications show a significant increase in the number of FFT returns, including some very useful and detailed comments. This increase in the quantity and quality of feedback is helping the Trust understand and act on issues to further improve the overall service. From April 2020, there will be a slight change to the FFT questions.

Comments and questions from the Committee were recorded as follows:

- Regarding discharge, Members queried if there was any data around re-admittance from the Trust's Discharge Lounge. Officers stated that an individual was not yet officially discharged if they were still in the Discharge Lounge, and would seek to provide the Committee with any available data

following this meeting.

- The Committee was reassured around linked Nurse numbers in relation to dementia care, and was pleased to hear of the workforce being strengthened in response to this growing issue. Officers noted that the Trust does have an enhanced care scheme, and needs individual teams to understand dementia more and refer people to the appropriate service.
- Members asked if the Trust could provide further details on why the new C Difficile Community onset Healthcare Acquired measure ('Infection Control' slide) was added, along with some narrative around this data and the combined target with C Difficile Hospital onset Healthcare Acquired. This would be followed-up with Officers after the meeting.
- Reflecting on the improvement in documentation, the Committee queried if this information was interchangeable with other Trust's should a person move location. Officers noted the vast array of different data systems being used across the Health arena which do not often 'talk' to each other. However, increased digitalisation was aiding the ability to share information (where appropriate).
- In terms of those people who come to hospital for regular treatment, the Committee felt caution was needed to avoid requesting feedback every time they used the Trust's services. Officers assured Members that the Trust did not want to bombard people who come in for treatment more than once within a short period of time, and the online Friends and Family Test (FFT) had been designed to send only one text in any 14-day period (message is sent the day after they leave hospital). There was also an opt-out service available.
- Members expressed concern at the large rise in stage 1 (informal) complaints that the Trust had received, and asked how this compared to other Trusts. Officers stated that it was hard to compare this information as hospitals are very different in other areas – instead, the Trust look at trends on a weekly / monthly basis. Previously, issues may have been dealt with locally without being reported, but the Trust was now documenting concerns more robustly, and would rather hear if someone was not happy. Officers also highlighted the importance of looking at compliments and ensuring these are relayed back to the teams / individuals they relate to.

The Committee noted the Quality Account timeline for 2019-2020, and was informed that the draft Quality Account document would be circulated to Members imminently. The Committee's statement, for inclusion in the final version, was required by the end of April 2020. In addition, the Committee was encouraged to forward any suggestions for key quality improvement priorities for 2020-2021 (noted that Hartlepool Healthwatch have proposed 'accessibility').

Acknowledging the current Coronavirus outbreak, the Committee took the opportunity to ask how the Trust was preparing for the anticipated escalation of cases. Officers informed Members that daily meetings regarding this issue were already taking place, assessment pods were stationed outside the hospital (though people cannot just turn up to use these – they need to go through the NHS 111 number), home testing was being looked at, and business continuity plans were being examined. For now, it was business as usual until informed

otherwise. The following statement was read out on behalf of the Trust's Assistant Director of Nursing / Infection Prevention & Control:

'The Trust is implementing its existing plans for preparedness regarding outbreaks of infectious disease and working within the guidance produced by Public Health England to ensure staff are informed and prepared for a local increase in potential or confirmed cases. Internal incident management arrangements have been implemented and are available seven days per week. We are working with partners in other organisations to provide a standard approach and mutual support where needed. Our plans are constantly under review in the light of rapidly changing information and national guidance.'

In response to a query around people contacting the Trust for advice, Members were told that the current national guidance was for the public to go through NHS 111 if they had any concerns (it was noted that the questionnaire that NHS 111 call-handlers go through is now accessible online) – they should not go to A&E or their GP. Regarding staffing capacity within hospitals during this and the forthcoming period, the Trust would follow the national guidance in terms of previously arranged annual leave / planned absence.

AGREED that:

1. The update on performance and development of the North Tees and Hartlepool NHS Foundation Trust Quality Account be noted, and the requests for further information be submitted to the Trust.
2. A statement of assurance be prepared and submitted to the Trust, with final approval delegated to the Chair and Vice-Chair.

**ASH
74/19**

Scrutiny Review of Hospital Discharge

This evidence-gathering session for the ongoing review of Hospital Discharge was scheduled to focus on South Tees Hospitals NHS Foundation Trust. However, due to the developing Coronavirus situation, the representatives who were going to attend this meeting were now unable to be present. As such, it was agreed that this evidence-gathering session would need to be re-scheduled for a future Committee meeting.

In the meantime, the Trust would be requested to provide an updated presentation which was more aligned to the review's key lines of enquiry.

AGREED that the South Tees Hospitals NHS Foundation Trust evidence in relation to the ongoing Hospital Discharge review would be re-scheduled for consideration at a future Committee meeting.

**ASH
75/19**

Minutes of the Health and Wellbeing Board

Consideration was given to the minutes of the Health and Wellbeing Board from the meetings in November 2019, December 2019 and January 2020.

AGREED that the minutes of the Health and Wellbeing Board from the meetings in November 2019, December 2019 and January 2020 be noted

**ASH
76/19** **Work Programme 2019-2020**

Consideration was given to the Committee's current Work Programme. The next Committee meeting was scheduled for the 21st April 2020.

AGREED that the Adult Social Care and Health Select Committee Work Programme 2019-2020 be noted.

**ASH
77/19** **Chairs Update**

The Chair had nothing further to update.